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APPLICANTS

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**** CONTINUING DATA *******

This application is a DIV of 09/810,491 03/19/2001 PAT 6,649,058
 which is a DIV of 09/331,728 08/16/1999 PAT 6,258,271 *
 which is a 371 of PCT/FR98/02310 10/28/1998
 (*)Data provided by applicant is not consistent with PTO records.

**** FOREIGN APPLICATIONS *******

FRANCE 97 13567 10/29/1997

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/05/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY FRANCE	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

Fluid treatment module having hollow membranes

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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